

Worksheet A -- Cover Sheet			V2001.6		HCFA-R-228
Line #	Part I A - Organization and Plan Data	a			
	General Information				
1	Name of M+C Plan (Enter Below)				
2	Org. #				
3	H #				
4	Plan ID				
5	Type of Plan	Select Choice			
6	Enrollee Type (Part A/B or Part B-only)	Select Choice			
7	ACR Contract Year	2001			
8	Average Payment Rate (\$PMPM)				
9	Contribution to Stabilization Fund (\$PMPM)				
10	Number of Years to Hold Stabilization Fund				
11	Medicare Deductibles and Coinsurance (\$PMPM)	98.74			
12	Medicare Psychiatric Co-payment (\$PMPM)	1.92			
	Enrollment Information				
13	Medicare Enrollee Capacity				
14	Non-Medicare Enrollee Capacity				
15	Projected Average Monthly Medicare Membership				
16	Projected Avg. Monthly Non-Medicare Membership				
17	Delegation of Authority to Submit Certain Changes	Select Choice			
Line #	Part II - M+C MSA Supplemental Data	a			
1	Annual Deductible (\$)				
2	M+C MSA Premium (\$PMPM)				
3	M+C MSA Supplemental Premium (\$PMPM)				
4	Actuarial Val. Supp. Benefit Cost Sharing (\$PMPM)				
5	Amounts Collected in Previous Period (\$PMPM)				
<div style="border: 1px solid black; width: 300px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">Vice President, Marketing</div>		Date			
<div style="border: 1px solid black; width: 300px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">Chief Financial Officer</div>		Date			
Line #	Part I B - Organization and Plan Data	a	b	c	
	Non-Medicare Cost Information	Base Period (\$PMPM)	Contract Period (\$PMPM)	Two-Year Trend	
1	Collections from Enrollees/Initial Rate			No trend	
2	Direct Medical Care			No trend	
3	Administration			No trend	
4	Additional Revenue			N/A	
	Organization Name & Plan Contact				
5	Name of M+C Organization				
6	Plan Contact Person Name and Position				
7	Plan Contact Person Telephone Number				
8	Plan Contact Person E-mail Address				
Line #	Part III Summary of M+C Enrollee Charges from Worksheet C (\$PMPM)				
	Benefit Group	Premium	Cost Sharing	Total Charges	
1	Basic + Mandatory Supplemental Benefits				
2	Sum of Optional Supplemental Benefits				
<p>Certification:</p> <p>I hereby certify that I have examined the accompanying Adjusted Community Rate proposal and attached worksheets for the contract period identified in Part IA, line 7. To the best of my knowledge and belief, this proposal contains true and correct statements prepared from the books and records of the contracting organization in accordance with applicable instructions, except as noted. In addition, I certify that this proposal agrees with the Plan Benefit Package form submitted for the same contract period.</p> <p>If "yes" appears on line 17, Part IA, the plan contact person named on line 6, Part 1B, is authorized to submit selected changes (as listed in HCFA's ACR instructions) to this ACR.</p>					
<div style="border: 1px solid black; width: 250px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">Chief Executive Officer</div>		<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">Date</div>			

OMB Control Number (0938-0742)

Worksheet B -- Base Period Costs per Member-Month				Enrollee Type:		Begin Date
Name of M+C Plan:		Type:	Org. #:	H#:	Plan ID:	End Date
Line #	Health Care Components Base Period	Total Medicare Enrollee Costs	Basic Benefits		Supplemental Benefits	
			Medicare-Covered Benefits	Additional Benefits	Mandatory Supplemental Benefits	Optional Supplemental Benefits
			a	b	c	d
1	Inpatient Hospital Services					
2	Skilled Nursing Services					
3	Rehab. Services (CORF)					
4	ER/Post Stab./Urgent Care					
5	Partial Hospitalization					
6	Home Health					
7	Health Care Professionals					
8	Clin./ Diag./Therap. Rad. Lab					
9	Outpatient Hospital Services					
10	Ambulance/Transportation					
11	DME					
12	Renal Dialysis					
13	Other					
14	Preventive Services					
15	Outpatient Drugs/Prescription Drug					
16	Dental					
17	Eye Exams/Wear					
18	Hearing Exams/Aids					
19	POS					
20	COB-Working Medicare					
21	COB-Other					
22	Subtotal - Direct Medical Care					
23	Administration					
24	Additional Revenue					
25	Total					
29	Amounts Collected from Members					
30	Enrolled Member-Months					

Worksheet B1 -- Base Period Financial Data				Enrollee Type:	
Name of M+C Plan		Type:	Org. #:	H#:	Plan ID:
FISCAL SOUNDNESS RATIOS AND RELATED FINANCIAL INFORMATION					
Line #	Indicators	Prior Period	Base Period	Change	% Change
		1998	1999	(b - a)	(c / a)
		a	b	c	d
	Performance Indicators				
1	Net Worth (dollars)				
2	Total Revenue (dollars)				
3	Operating Revenue (dollars)				
4	Operating Profit of Loss (dollars)				
5	Net Profit or Loss (dollars)				
6	Medical Expense Ratio				
7	Administrative Expense Ratio				
8	Overall Expense Ratio				
9	Operating Profit Margin				
10	Overall Profit Margin				
11	Debt-to-Service Ratio				
Liquidity Indicators					
12	Current Ratio				
13	Cur. Assets + Long-Term Bonds/Cur. Liab.				
14	Days Cash on Hand				
15	Cash-to-Claims-Payable Ratio				
Efficiency Indicators					
16	Days in Premiums Receivables				
17	Days in Unpaid Claims				

Worksheet C -- Premiums & Cost Sharing (in Dollars per Member per Month)						Enrollee Type:		
Line #	Name of M+C Plan	Type:	Org. #:	H#:	Plan ID:			
	Health Care Components Contract Period	Medicare-Covered Benefits	Additional Benefits	Mandatory Supplemental Benefits	Optional Supplemental Benefits	Optional Supplemental Benefits Premiums	Subtotal Optional Benefits Charges (d + e)	Medicare Enrollee Total Charges (a+b+c+f)
		a	b	c	d	e	f	g
1	Inpatient Hospital Services							
2	Skilled Nursing Services							
3	Rehab. Services (CORF)							
4	ER/Post Stab./Urgent Care							
5	Partial Hospitalization							
6	Home Health							
7	Health Care Professionals							
8	Clin./ Diag./Therap. Rad. Lab							
9	Outpatient Hospital Services							
10	Ambulance/Transportation							
11	DME							
12	Renal Dialysis							
13	Other							
14	Preventive Services							
15	Outpatient Drugs/Prescription Drug							
16	Dental							
17	Eye Exams/Wear							
18	Hearing Exams/Aids							
19	POS							
20	COB-Working Medicare							
21	COB-Other							
22	Subtotal - Direct Medical Care							
23	Administration							
24	Additional Revenue							
25	Total Cost-sharing Charge							
26	Premium to be Charged							
27	Total Charges							

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Worksheet E -- Adjusted Community Rate (in Dollars per Member per Month)					Enrollee Type:	
	Name of M+C Plan:	Type:	Org. #:	H#:	Plan ID:	
Line #	Part I Standard Benefit Package	Adjusted Costs	Amt. of Error Msg. in Col. a.	Comment		
		a.	b.	c.		
1	Average Payment Rate			Imported from Worksheet A - Cover		
	Medicare-Covered Benefits					
2	Direct Medical Care			Imported from Worksheet D - Exp Var.		
3	Administration			Imported from Worksheet D - Exp Var.		
4	Additional Revenue			Imported from Worksheet D - Exp Var.		
5	Adjusted Community Rate			Sum of lines 2-4		
6	Less: Medicare Ded.and Coinsurance	98.74		Imported from Worksheet A - Cover		
7	Medicare Psychiatric Co-payment	1.92		Imported from Worksheet A - Cover		
8	Adjusted ACR			Remainder (Line 5-Lines 6&7)		
9	Excess Amounts			Remainder (Line 1 - Line 8)		
10	Less: Contributions to Stabilization Fund			Imported from Worksheet A - Cover		
11	Adjusted Excess Amounts			Remainder (Line 9 - Line 10)		
	Additional Benefits					
12	Direct Medical Care			Imported from Worksheet D - Exp Var.		
13	Administration			Imported from Worksheet D - Exp Var.		
14	Additional Revenue			Imported from Worksheet D - Exp Var.		
15	Total Additional Benefits			Sum of lines 12-14		
16	Remaining Excess			Remainder (Line 11 - Line 15)		
	Maximum to be Charged - Basic					
17	Medicare Deductibles and Coinsurance	98.74		Amount from Line 6		
18	Medicare Psychiatric Co-payment	1.92		Amount From Line 7		
19	Less: Remaining Excess			Amount From Line 16		
20	Maximum to be Charged	100.66		Remainder (Line 17+Line 18) - Line 19		
21	Actual Charge (WKS C Ln 27 Cols a+b)					
	Mandatory Supplemental Benefits					
22	Direct Medical Care					
23	Administration					
24	Additional Revenue					
25	Total Mandatory Supplemental Benefits					
26	Actual Charges (WKS C Line 27 Col d)					
27	Total Charges					

Worksheet E -- Adjusted Community Rate (in Dollars per Member per Month)					Enrollee Type:				
Name of M+C Plan:		Type:	Org. #:	H#:	Plan ID:				
Line #	Part II Optional Supplemental Benefits	Trended Value of Benefit Wks D	COB, Admin & Revenue Allocation	ACR Before Adjustment (a + b)	Expected Variation Wks D	ACR/ Maximum Charge	Less Cost Sharing Wks C	Premiums (e - f)	Amt. of Error Msg. col. e
		a	b	c	d	e	f	g	h
1	Inpatient Hospital Services								
2	Skilled Nursing Services								
3	Rehab. Services (CORF)								
4	ER/Post Stab./Urgent Care								
5	Partial Hospitalization								
6	Home Health								
7	Health Care Professionals								
8	Clin./ Diag./Therap. Rad. Lab								
9	Outpatient Hospital Services								
10	Ambulance/Transportation								
11	DME								
12	Renal Dialysis								
13	Other								
14	Preventive Services								
15	Outpatient Drugs/Prescription Drug								
16	Dental								
17	Eye Exams/Wear								
18	Hearing Exams/Aids								
19	POS								
20									
21	COB-Other								
22	Subtotal - Direct Medical Care								
23	Administration								
24	Additional Revenue								
25	Total								

Worksheet C1 -- Part B-Only Maximum Charge for Part A Benefits (in \$ per member-month)						Enrollee Type:		
Name of M+C Plan		Type:	Org. #:	H#:	Plan ID:			
THE MAXIMUM ALLOWABLE CHARGE TO PART B-ONLY ENROLLEES FOR PART A BENEFITS IS THE LESSER OF THE 3 VALUES LISTED BELOW .								
Line	Item					A	B	
1	Value 1 . ACR value of Part A benefits provided in this plan (ENTER VALUE)							
2	Value 2. Sum of the APR for Part A benefits, the actuarial value of Medicare's Part A deductible and coinsurance and the ACR value of Medicare's Part A COBs							
3	APR for Part A benefits (ENTER VALUE)							
4	+ Actuarial value of Part A deductible and coinsurance							\$28.05
5	+ ACR value of Medicare Part A coordination of benefits for working aged (ENTER VALUE)							
6	Value 2 Total (Sum of lines 3, 4, and 5)							
7	Value 3. Sum of the amount Medicare would charge for Part A benefits for an individual not qualified plus the actuarial value of Part A deductible and coinsurance.							
8	Amount Medicare would charge for Part A benefits for an individual not qualified							\$310.00
9	+ Actuarial value of Part A deductible and coinsurance							\$28.05
10	Value 3 Total (Sum of lines 8 and 9)							\$338.05
11	Maximum Allowable Charge. (Lesser of lines 1, 6, and 10.)							
12	Enter your proposed charge to Part B-only enrollees for Part A benefits in this plan. This line must be less than or equal to line 11. If you charge less than the maximum allowable, show the difference on Worksheet D (Expanded).							

Worksheet C -- Premiums & Cost Sharing (in Dollars per Member per Month)						Enrollee Type:		
Line #	Name of M+C Plan	Type:	Org. #:	H#:	Plan ID:			
	Health Care Components Contract Period	Medicare-Covered Benefits	Additional Benefits	Mandatory Supplemental Benefits	Optional Supplemental Benefits	Optional Supplemental Benefits Premiums	Subtotal Optional Benefits Charges (d + e)	Medicare Enrollee Total Charges (a+b+c+f)
		a	b	c	d	e	f	g
1	Inpatient Hospital Services							
1a	Acute							
1a1	Upgrades							
1a2	Additional Days							
1b	Psych							
1b1	Additional Days							
2	Skilled Nursing Services							
2a	Skilled Nursing Facility							
2a1	Non-Medicare Covered Admit.							
2a2	Additional Days							
3	Rehab. Services (CORF)							
3a	CORF							
4	ER/Post Stab./Urgent Care							
4a	ER/Post Stab. Care							
4a1	World-Wide Coverage							
4b	Urgent Care							
4b1	World-Wide Coverage							
5	Partial Hospitalization							
5a	Partial Hospitalization							
6	Home Health							
6a	Home Health Services							
6a1	Custodial Services							
6a2	Respite Care							
6a3	Homemaker Services							
7	Health Care Professionals							
7a	Primary Care							
7b	Chiropractic Services							
7b1	Routine Care							
7c	Occupational Therapy Services							
7d	Phys. Spec. Svcs. Except Psych							
7e	Mental Hlth Spec-Non -Physician							
7f	Podiatry Services							

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Line #	Name of M+C Plan	Type:	Org. #:	H#:	Plan ID:			
	Health Care Components Contract Period	Medicare-Covered Benefits	Additional Benefits	Mandatory Supplemental Benefits	Optional Supplemental Benefits	Optional Supplemental Benefits Premiums	Subtotal Optional Benefits Charges (d + e)	Medicare Enrollee Total Charges (a+b+c+f)
		a	b	c	d	e	f	g
7f1	Routine Care							
7g	Other							
7h	Psychiatric Services							
7i	Physical/Speech Therapy							
8	Clin./ Diag./Therap. Rad. Lab							
8a	Outpatient Clin./Dia./Therap. Svc							
8b	Oupatient X-Ray							
9	Outpatient Hospital Services							
9a	Outpatient Hospital Services							
9b	Amb. Surg. Svcs.							
9c	Outpatient Substance Abuse Svcs							
9d	Cardiac Rehabilitation Services							
10	Ambulance/Transportation							
10a	Ambulance							
10b	Transportation							
11	DME							
11a	Medical Equipment							
11b	Medical Supplies							
12	Renal Dialysis							
12a	Renal Dialysis							
13	Other							
13ded	Plan Level Deductible							
13a	Blood							
13b	Acupuncture							
13c	Other 1							
13d	Other 2							
13e	Other 3							
14	Preventive Services							
14a	Educ./Wellness Prog.							
14a1	Classes							
14a2	Newsletters							
14a3	Nutritional Trng							

Worksheet C -- Premiums & Cost Sharing (in Dollars per Member per Month)						Enrollee Type:		
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	Health Care Components Contract Period	Medicare-Covered Benefits	Additional Benefits	Mandatory Supplemental Benefits	Optional Supplemental Benefits	Optional Supplemental Benefits Premiums	Subtotal Optional Benefits Charges (d + e)	Medicare Enrollee Total Charges (a+b+c+f)
		a	b	c	d	e	f	g
14a4	Smoking Cessation							
14a5	Congestive Heart Failure							
14a6	Alternative Medicine Prog.							
14a7	Health Club							
14a8	Nursing Hotline							
14a9	Disease Mgmt							
14a10	Other							
14b	Immunizations							
14b1	Other							
14c	Routine Phys Exams							
14c1	# visits							
14d	Pap & Pelvic Exams							
14d1	Pap Smears							
14d2	Pelvic Exams							
14e	Prostate Screening							
14e1	Additional Screenings							
14f	Colorectal Screening							
14f1	Additional Screenings							
14g	Bone Mass Measurement							
14h	Mammography Screening							
14h1	Additional Screenings							
14i	Diabetes Monitoring							
15	Outpatient Drugs/Prescription Drug							
15a	Outpatient Drugs							
16	Dental							
16a	Preventative Services							
16a1	Prophylaxis (cleaning)							
16a2	Flouride Treatment							
16a3	Dental X-rays							
16a4	Oral Exams							
16b	Comp. Svcs							
16b1	Emergency Services							

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	Health Care Components Contract Period	Medicare-Covered Benefits	Additional Benefits	Mandatory Supplemental Benefits	Optional Supplemental Benefits	Optional Supplemental Benefits Premiums	Subtotal Optional Benefits Charges (d + e)	Medicare Enrollee Total Charges (a+b+c+f)
		a	b	c	d	e	f	g
16b2	Diagnostic Services							
16b3	Restorative Services							
16b4	Endo/Perio/Extractions							
16b5	Prosthodontics, Oral Surgery, Other							
17	Eye Exams/Wear							
17a	Exams							
17a1	Routine							
17b	Wear							
17b1	Contact Lens							
17b2	Lens and Frames							
17b3	Lenses							
17b4	Frames							
17b5	Upgrades							
18	Hearing Exams/Aids							
18a	Exams							
18a1	Routine Hearing Tests							
18a2	Fit & Eval. For Hearing Aid							
18b	Aids							
18b1	# - Inner Ear							
18b2	# - Outer Ear							
18b3	# - Over the Ear							
18b4	# - Replacement Batteries							
19	POS							
20	COB-Working Medicare							
21	COB-Other							
22	Subtotal - Direct Medical Care							
23	Administration							
24	Additional Revenue							
25	Total Cost-sharing Charge							
26	Premium to be Charged							
27	Total Charges							

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